HAVENWOOD NURSING & REHABILITATION

3333 W HIGHLAND BLVD

MILWAUKEE 53208 Phone: (414) 344-8100	1	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	260	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	288	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	236	Average Daily Census:	235

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	40.7
Supp. Home Care-Personal Care	No					1 - 4 Years	43.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.4	Under 65	28.8	More Than 4 Years	16.1
Day Services	No	Mental Illness (Org./Psy)	16.1	65 - 74	19.5		
Respite Care	No	Mental Illness (Other)	10.2	75 - 84	26.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	20.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	4.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.8			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	3.8	ĺ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	15.3	65 & Over	71.2		
Transportation	No	Cerebrovascular	7.6			RNs	6.6
Referral Service	No	Diabetes	1.3	Gender	%	LPNs	9.0
Other Services	No	Respiratory	6.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	36.0	Male	39.8	Aides, & Orderlies	45.2
Mentally Ill	No			Female	60.2		
Provide Day Programming for			100.0	ĺ			
Developmentally Disabled	Yes	İ		İ	100.0	İ	
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		Family Care		1	Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 46	28.6	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	46	19.5
Skilled Care	12	100.0	327	106	65.8	125	0	0.0	0	7	100.0	155	20	100.0	125	36	100.0	125	181	76.7
Intermediate				9	5.6	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		161	100.0		0	0.0		7	100.0		20	100.0		36	100.0		236	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/04
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	7.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.8	Bathing	4.2		44.1	51.7	236
Other Nursing Homes	7.0	Dressing	8.5		43.2	48.3	236
Acute Care Hospitals	60.3	Transferring	19.1		58.1	22.9	236
Psych. HospMR/DD Facilities	2.6	Toilet Use	19.9		55.1	25.0	236
Rehabilitation Hospitals	0.0	Eating	45.8		44.1	10.2	236
Other Locations	19.4	******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	345	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.4	Receiving Resp	iratory Care	19.9
Private Home/No Home Health	17.4	Occ/Freq. Incontiner	nt of Bladder	85.2	Receiving Trac	heostomy Care	1.3
Private Home/With Home Health	28.9	Occ/Freq. Incontiner	nt of Bowel	65.3	Receiving Suct	ioning	1.3
Other Nursing Homes	2.6				Receiving Osto	my Care	4.2
Acute Care Hospitals	15.7	Mobility			Receiving Tube	Feeding	7.6
Psych. HospMR/DD Facilities	0.6	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 44.9
Rehabilitation Hospitals	0.3						
Other Locations	13.7	Skin Care			Other Resident C	haracteristics	
Deaths	20.9	With Pressure Sores		15.7	Have Advance D	irectives	48.3
Total Number of Discharges		With Rashes		0.8	Medications		
(Including Deaths)	350				Receiving Psyc	hoactive Drugs	44.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	2	00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78.4	86.4	0.91	88.9	0.88	87.3	0.90	88.8	0.88
Current Residents from In-County	94.1	85.0	1.11	83.3	1.13	85.8	1.10	77.4	1.21
Admissions from In-County, Still Residing	25.2	18.1	1.40	25.0	1.01	20.1	1.26	19.4	1.30
Admissions/Average Daily Census	146.8	199.9	0.73	116.5	1.26	173.5	0.85	146.5	1.00
Discharges/Average Daily Census	148.9	201.1	0.74	119.3	1.25	174.4	0.85	148.0	1.01
Discharges To Private Residence/Average Daily Census	68.9	83.1	0.83	41.9	1.65	70.3	0.98	66.9	1.03
Residents Receiving Skilled Care	96.2	95.8	1.00	95.1	1.01	95.8	1.00	89.9	1.07
Residents Aged 65 and Older	71.2	84.4	0.84	91.8	0.78	90.7	0.79	87.9	0.81
Title 19 (Medicaid) Funded Residents	68.2	61.2	1.11	64.3	1.06	56.7	1.20	66.1	1.03
Private Pay Funded Residents	3.0	13.7	0.22	19.3	0.15	23.3	0.13	20.6	0.14
Developmentally Disabled Residents	0.4	1.2	0.36	0.8	0.50	0.9	0.49	6.0	0.07
Mentally Ill Residents	26.3	30.0	0.87	39.0	0.67	32.5	0.81	33.6	0.78
General Medical Service Residents	36.0	23.2	1.55	21.2	1.70	24.0	1.50	21.1	1.71
Impaired ADL (Mean)	56.1	52.9	1.06	50.4	1.11	51.7	1.08	49.4	1.14
Psychological Problems	44.1	51.7	0.85	56.9	0.77	56.2	0.78	57.7	0.76
Nursing Care Required (Mean)	12.0	8.4	1.42	8.1	1.48	7.7	1.55	7.4	1.61